





# THE EYE FOUNDATION



SUPER SPECIALITY EYE HOSPITALS City Shopping Centre, Kokkirakularn, Trivandrum Road, Tirunelveli - 627 003. Tel : 0462 435 6655 / 6622 E-mail : tirunelveli@theeyefoundation.com Website : www.theeyefoundation.com

H.O : D.B. Road, Coimbatore - 641 002.

Date: 9 3 /24

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms Prince Luke prenderp Age 38

Male/Female, our MRNO. 13026245

	OD	, os
Visual Acuity	-516	6/6
Near Vision	No	Mo
Colour Vision	Nog m	4
B.S.V	Non	~~~{
Central Fields	Iwn	rat
Anterior Segment	por	<u>n1</u>
Fundus	w	~

Medical Consultant, The Eye Foundation, -Tirunelveli, Medical Superintendent Reg.No. 85747 THE EYE FOUNDATION Tirunelveli

Macsurement Results: QRS QT//OTcB 386 / 404 ms -90 P P PR/QPS/T 39/ 19/ 47 degrees I +90 I AVR AVR			III AVF		T	
<pre>     C P     Interpretation:     C T     C T     C RS     auL     O I     U      U      U      U </pre>		S		y in the second s		
	4	5	8			

1.75

AME PRINCE LUCK PRADE	EP Gender M / F Date of Birth	04/12/1985
osition Selected For	Identification marks	
HISTORY:		
1. Do you have, or are you being trea	ated for, any of the following coeditions? (ple	
Anxiety	Cancer High	Blood Pressure
Arthritis		Cholesterol
Asthama, Bronchitis, Emphysema		Ine Headaches
Back or spinal problems	/Llau	sitis or Allergic Rhinitis Fever)
Epilepsy	Any other serious problem for (Play which you are receiving medical attention	PBV01)
2. List the medications taken Regula		
3. List allergies to any known medic	cations or chemicals NO	
4. Alcohol : Yes No	Occasional	
5. Smoking : Yes No C	Quit(more than 3 years)	
6. Respiratory Function :	5 mill 2011 (2021) (2021) (2022)	
a. Do you become unusually short o	f breath while walking fast or taking stair - case?	Yes No
b. Do you usually cough a lot first t	hing in morning?	Yes No
c. Have you vomited or coughed o	out blood?	Yes No L
7. Cardiovascular Function & Physi	ical Activity :	
7. Cardiovascular Function & Physi a. Exercise Type: (Select 1)	ical Activity :	
<ul> <li>a. Exercise Type: (Select 1)</li> <li>No Activity</li> </ul>		
<ul> <li>a. Exercise Type: (Select 1)</li> <li>No Activity</li> <li>Very Light Activity (Seated At D</li> </ul>	esk, Standing)	
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10. Function History			
a. Do you have pain or	discomfort when lifting o	r handling heavy objects?	Yes No
	in when squatting or kne		Yes No
김 씨는 이가 아이들을 알 때 아이는 것이다. 것이 가지 않는 것이 없다.	in when forwarding or tv		Yes No
김희 아이에게 비행한 위에서 가려서 대해보다 생각하지?		ects above your shoulder heigh	
<ul> <li>Do you have pain appropriate response</li> </ul>		following for prolonged period	ods (Please circle
•Walking : Yes 🗌 No	·Kneeling :	Yes No -Squ	ating : Yes 🗌 No 🔄
•Climbing : Yes No	•Sitting :	Yes No	
	•Bending :	Yes No	
f. Do you have pain wh	en working with hand to	ols?	Yes No
	ny difficulty operating ma		Yes No
h. Do you have difficulty	operating computer ins	trument?	Yes No
CLINICAL EXAMINATION	Lia		puse: 84
a. Height	b. Weight 99.2	Blood Pressure	123/80 mmhg
Chest measurements:	a. Normal	b. Expanded	
Waist Circumference		Ear, Nose & Throat	Normey
Skin	Normal	Respiratory System	Normal
Vision	Normal	Nervous System	Normal
		Genito- urinary System	Normal
Circulatory System	Norma		Normal
Chest X -ray	Normal	ECG	Normal
Complete Blood Count	13.5	Urine routine	Normal
Serum cholesterol	259	Blood sugar	=84. P.P-99
Blood Group	"A' presitiv	S.Creatinine	0.86
CONCLUSION :	in positi		
Any further investigations r	equired	Any precautions suggeste	d
	NO	ND	
FITNESS CERTIFICATION	N-		
		appear to be suffering from	any disease communica
		bodily informity except	an e <del>de</del> la superior de la propertie de la transmission (1777). A
or otherwise, constit			nnloyment in the Company
	. I do not cons	ider this as disqualification for er	npoyment in the company
12 Contractor	from Contacious/C	ommunicable disease	1
Candidate is free	e nom contagious/c	ommunicable disease	J
		4	fr.
00 40 511		Sin	nature of Medical Adviser
Date: 09.03.24		Dr.S. MAN	KANDAN HE BUILD
Duri	_		90, Consultant Cardiolasi
Faur		THE REAL PROPERTY AND A DESCRIPTION OF A	Diagnostice
•x •s		+4**	Tirunetveli - 2-

Name	: Mr. PRINCE LUCK PRADEEP	Register On	:	09/03/2024 9:29 AM
PID No.	: MED121727034	Collection On	:	09/03/2024 9:55 AM
SID No.	: 624006328	Report On	:	09/03/2024 3:21 PM
Age / Sex	: 38 Year(s) / Male	Printed On	:	10/03/2024 10:13 AM
Ref. Dr	: MediWheel	Туре	:	OP



Investigation	<b>Observed Value</b>	<u>Unit</u>	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'A' 'Positive'		
<b>HAEMATOLOGY</b>			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	13.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	44.6	%	42 - 52
RBC Count (Blood/Impedance Variation)	4.84	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	92	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	27.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	30.2	g/dL	32 - 36
RDW-CV(Derived from Impedance)	13.7	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	44.11	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	6300	cells/cu.mm	4000 - 11000
<b>Neutrophils</b> (Blood/Impedance Variation & Flow Cytometry)	58.0	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	31.4	%	20 - 45
<b>Eosinophils</b> (Blood/Impedance Variation & Flow Cytometry)	3.0	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	7.4	%	01 - 10
<b>Basophils</b> (Blood/Impedance Variation & Flow Cytometry)	v 0.2	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated microscopically.	l Five Part cell counter. A	ll abnormal resu	ults are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	3.65	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	1.98	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.19	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (Blood/	0.47	10^3 / µl	< 1.0

Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)





R ٠ Dr.R.Lavanya MD Consultant - Pathologist Reg No: 90632

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Ref. Dr	: MediWheel	Туре	:	OP	DI



Investigation	<b>Observed Value</b>	<u>Unit</u>	<b>Biological Reference Interval</b>
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.01	10^3 / μl	< 0.2
Platelet Count (Blood/Impedance Variation)	239	10^3 / μl	150 - 450
MPV (Blood/Derived from Impedance)	7.9	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	18	mm/hr	< 15
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	10.8		
<b>Glucose Fasting (FBS)</b> (Plasma - F/GOD- PAP)	84.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Postprandial (PPBS) (Plasma - PP/	99.8	mg/dL	70 - 140
GOD-PAP)		-	

#### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.3	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.86	mg/dL	0.9 - 1.3
Uric Acid (Serum/Enzymatic)	6.3	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum)	0.70	mg/dL	0.1 - 1.2
<b>Bilirubin(Direct)</b> (Serum/Diazotized Sulfanilic Acid)	0.23	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.47	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	37.4	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	63.1	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.1	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	65.7	U/L	53 - 128
Total Protein (Serum/Biuret)	7.42	gm/dL	6.0 - 8.0





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Ref. Dr	: MediWheel	Туре	:	OP	DIAGN



Investigation	<b>Observed Value</b>	<u>Unit</u>	<b>Biological Reference Interval</b>
Albumin (Serum/Bromocresol green)	4.01	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.41	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.18		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	259.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	130.2	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual\_circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	38.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	195	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	221.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio6.8(Serum/Calculated)6.8

Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0





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Ref. Dr	: MediWheel	Туре	:	OP	DIAGNOSTICS

Investigation Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	Observed Value 3.4	<u>Unit</u>	<b>Biological Reference Interval</b> Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	5.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u> HbA1C (Whole Blood/Ion exchange HPLC by D10)	5.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	102.54	mg/dL
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#### **INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies,

Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

## **IMMUNOASSAY**

THYROID PROFILE / TFT			
T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.30	ng/mL	0.7 - 2.04
INTERPRETATION: Comment : Total T3 variation can be seen in other conditio it is Metabolically active.	n like pregnancy, dru	gs, nephrosis etc.	In such cases, Free T3 is recommended as
T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	9.77	μg/dL	4.2 - 12.0
INTERPRETATION: Comment : Total T4 variation can be seen in other conditio it is Metabolically active.	n like pregnancy, dru	gs, nephrosis etc.	In such cases, Free T4 is recommended as
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay	2.49	µIU/mL	0.35 - 5.50

(CLIA))





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**Observed Value** 

Unit

**Biological Reference Interval** 

INTERPRETATION:

**Investigation** 

Reference range for cord blood - upto 20 1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0 (Indian Thyroid Society Guidelines) Comment :

1.TSH reference range during pregnancy depends on lodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations. 3.Values&amplt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

# CLINICAL PATHOLOGY

Urine Analysis - Routine			
Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	3-5	/hpf	NIL
Epithelial Cells (Urine)	2-4	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --





Dr.R.Lavanya MD Consultant - Pathologist Reg No: 90632

Name	MR.PRINCE LUCK PRADEEP	ID	MED121727034	M
Age & Gender	38Y/MALE	Visit Date	09 Mar 2024	
Ref Doctor Name	MediWheel			MEDALL

Thanks for your reference

### ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d	5.2 cm
LVID s	3.0 cm
EF	72 %
IVS d	1.1 cm
IVS s	1.1cm
LVPW d	1.1 cm
LVPW s	1.2cm
LA	3.1cm
AO	2.7cm
TAPSE	29 mm

Left ventricle, Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .

## Doppler:

Name	MR.PRINCE LUCK PRADEEP	ID	MED121727034	M
Age & Gender	38Y/MALE	Visit Date	09 Mar 2024	
Ref Doctor Name	MediWheel			MEDALL

 Mitral valve : E: 0.89m/s
 A: 0.65m/s

 E/A Ratio: 1.37
 E/E: 8.72

Aortic valve: AV Jet velocity: 1.31 m/s

Tricuspid valve: TV Jet velocity: 2.22 m/s TRPG: 19.58 mmHg.

Pulmonary valve: PV Jet velocity: 1.19m/s IMPRESSION:

- 1. Normal chambers& Valves.
- 2. No regional wall motion abnormality present.
- 3. Normal LV systolic function.
- 4. Pericardial effusion Nil.
- 5. No pulmonary artery hypertension.

Minin

Dr. S.MANIKANDANMD.DM.(Cardio) Cardiologist

Name	MR.PRINCE LUCK PRADEEP	ID	MED121727034	$\sim$
Age & Gender	38Y/MALE	Visit Date	09 Mar 2024	
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## SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is normal in siz¢15.2cm). Parenchymal echoes are

increased inintensity. No focal lesions. Surface is smoot there is no intra or extra hepatic biliary ductal dilatation.

Gallbladder The gall bladder is normal sized and smooth walled and co ntains no

calculus.

Pancreas The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

- Spleen The spleen is normal.
- Kidneys The right kidney measures 9.8 x 4.8 cm. Normal architecture.

The collecting system is not dilated. The left kidney measures 11.1 x 6.3 cm. Normal architecture.

The collecting system is not dilated.

Urinary

bladder. The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

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Prostate: The prostate measures 3.5 x 3.5 x 2.5 cm and is normal sized. Corresponds to a weight of about 16.30 gms. Prostate shows irregular calcifications The seminal vesicles are normal.

> There is no free or loculated peritoneal fluid. No para aortic lymphadenopathy is seen.

## **IMPRESSION**

Grade I fatty liver

DR.A. SUJA RAJAN., DMRD, DNB Consultant Radiologist Reg. No.106909.



Name	Mr. PRINCE LUCK PRADEEP	ID	MED121727034
Age & Gender	38Y/M	Visit Date	Mar 9 2024 9:18AM
Ref Doctor	MediWheel		

Thanks for your reference

## **DIGITAL X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Costo and cardiophrenic angles appear normal.

Bilateral lung fields appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:** 

i. NOSIGNIFICANABNORMALITØEMONSTRATED.

R. Sulfar Same

DR.R.SUDHAGAR. MBBS., DMRD CONSULTANT RADIOLOGIST